

**IF YOU BELIEVE YOU ARE A VICTIM IN ONE OF THE CASES LISTED ON THIS WEBSITE, PLEASE PRINT THIS FORM OUT AND COMPLETE WITH THE FOLLOWING INFORMATION. RETURN THE FORM TO THE ADDRESS OR FAX NUMBER LISTED AT THE BOTTOM OF THIS PAGE.**

To: UNITED STATES ATTORNEY'S OFFICE  
VICTIM-WITNESS UNIT

From: Name \_\_\_\_\_  
(If you are not the victim, provide the name of the victim, company and/or estate you are representing.)

Title/Company Name (if appropriate)

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact numbers:

Home Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

Work \_\_\_\_\_

Fax \_\_\_\_\_

Email address \_\_\_\_\_

RE: **United States v.** \_\_\_\_\_  
**Criminal Docket No.** \_\_\_\_\_ **USAO #** \_\_\_\_\_

Please provide information as to how you believe you were victimized in this case.  
If you are claiming financial loss, it may be necessary to provide appropriate documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Amount of Loss: \_\_\_\_\_

Approximate date(s) of victimization: From \_\_\_\_\_ to \_\_\_\_\_

(Our office will contact you if we need any further information and/or documentation.)

**THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**RETURN THIS FORM TO:**

By Mail:      ATTN: Victim/Witness Unit - **WEBSITE FORM**  
United States Attorney's Office -EDNY  
271 Cadman Plaza East  
Brooklyn, NY 11201

By Fax:      ATTN: Victim/Witness Unit - 718-254-6329